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ABSTRACT

This study investigated the effectiveness of providing content-based English language instruction to Japanese nursing students in their second and final year of professional training. Participants were taking a full-year elective class in oral English. The control group included students from the same nursing cohort who did not attend the oral English class. The class featured discussions and videos focusing on HIV/AIDS issues, including "inter alia" racism, discrimination against Japanese and foreign HIV/AIDS patients in Japan, and personal attitudes toward such patients. At the end of the year, both groups completed a bilingual, English-Japanese survey. Significant differences were found between the two groups, including a belief by the control group that foreigners were more likely than Japanese to be HIV/AIDS-positive and that discrimination against such persons was not similar to other types of discrimination (e.g., age, sex, race, and nationality). The results suggest that Japanese nursing students can benefit from training that addresses discrimination against foreigners in Japan. There is evidence that nursing students, and by extension nurses and other members of the medical profession, could provide better professional care if they were to receive sensitivity training in all forms of discrimination, prejudice, and racism. (SM)

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A Study of the Effectiveness of Content-based Sensitivity Training for Japanese Nurses in Oral English Classes

Dale Bay

ABSTRACT:

This paper is a report of a study investigating the effectiveness of providing content-based English language instruction to Japanese nursing students in their second and final year of professional training. The group studied participated in a full-year elective class in Oral English. The control group consisted of students from the same nursing cohort who did not elect to attend the Oral English class. The content of the oral English class included discussions and videos focussing on HIV-AIDS issues. Such issues included *inter alia* racism, discrimination against Japanese and foreign HIV-AIDS patients in Japan, personal attitudes towards such patients. At the end of the year, a bilingual, English-Japanese, survey was given to both groups. Significant differences were found between the two groups. These included a belief by the control group that foreigners were more likely than Japanese to be HIV-AIDS positive and that discrimination against such persons was not similar to other types of discrimination such as age, sex, race and nationality. The results of this study suggest that Japanese nursing students can benefit from training which addresses discrimination against foreigners in Japan, HIV-AIDS patients. Moreover, there is some evidence to suggest that nursing students, and by extension nurses and perhaps other members of the medical profession, could provide better professional care if they were to receive sensitivity training in all forms of discrimination, prejudice and racism.

Key Words AIDS, Nursing Education, Japan, Discrimination, Content-based

INTRODUCTION

English III is a full-year elective class of oral English for second-year students in Keio Junior College of Nursing. (KJCN) In response to anonymous end-of-year surveys given to outgoing students English III students conducted in previous years the content of the class is balanced between oral English for general purposes such as tourism etc. and English for Nursing Purposes (ENP). However, in the real world, there cannot be a neat separation between topics such as English for tourism on the one hand and ENP on the other. This is evident when the topics of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) are considered either from the point of view of Japanese tourists abroad or nurses in Japan dealing with foreign HIV-AIDS patients.

PROCEDURE

Subjects

English III met weekly for one ninety-minute

* Keio Junior College of Nursing

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class (koma). There were two classes. Class A and Class B. For the purposes of this paper they are treated as one class consisting of 44 members. Classes met back-to-back on Friday mornings and the order the classes met in was reversed from the first term to the second term. Both classes saw the same videos and discussed the same topics with the same instructor on the same day.

Control Group

The control group consisted of 49 students in the same second-year cohort of studies at Keio Junior College of Nursing who did not register in the elective class English III.

METHOLOGY

Pedagogy

In-class Discussion

Discussions related to discrimination in general and HIV-AIDS in particular were held with English III students both before and after the videos were screened. They were also held on other class-days as well.

Educational Videos

Two videos dealing with the topic of HIV-AIDS were shown to English III students in class.

My Name is Eve A documentary chronicling the life and death of a HIV positive Australian girl who faces strong a persistent discrimination in her native Australia. Eventually she is driven out of her community and she and her family re-settle in New Zealand. Eve was infected at birth after receiving blood transfusions administered to treat complications related to premature birth. The film is in English with Japanese sub-titles and/or voiceovers.

Philadelphia This well-known film was the first to deal with AIDS in a public way by means of a Hollywood movie. It starred Tom Hanks and Denzel Washington. In one sense, Philadelphia served as an 'ice breaker' in that it got people talking publicly about AIDS.

In both the true story of Eve and the fictionalized Philadelphia the subject of discrimination was explicitly discussed.

Trauma This was part of a TV series from The Learning Channel. This was a documentary made by a camera crew who taped real-life events in 'big city' Emergency Rooms in American hospitals. The topic of racially mixed societies came up in class frequently as there were many people of color who were filmed in the real-life series. These discussions were unscheduled and impromptu, held as they came up in class. From student postings on the Discussion Forum assigned to them, it seems that Trauma made a big impact. Race, the existence of various races, was a new topic for Japanese, who live in what they believe to be a mono-racial society. (ESL Japan Discussion Forums) HIV-AIDS was not addressed in the Trauma series.

Survey

At the end of the academic year a questionnaire was administered to 44 English III students and 49 control subjects. The questions were in both English and Japanese. The survey instrument was a single A-3-sized page. The data were tabulated, correlated and analyzed using "Analyse-it for Microsoft Excel 95/97/2000."

RESULTS

1 For how many years have you

(a) studied English at school?

(b) studied English with a native-speaker of English?

English III	1a	years	7.80
n=44	1b	years	2.07
Control Group	1a	years	7.73
n=49	1b	years	1.47

2 Do you think that as your English improves your opportunities for living or travelling abroad will increase?

-yes
-no

English III n=44	yes	80 %
Control Group n=49	yes	69 %

3 Do you think that Japanese living or travelling abroad experience discrimination?

Never Always
0 1 2 3 4 Don't know

English III n=44	mean	7.73
Control Group n=49	mean	2.06

4 Did you receive any training or information about HIV/AIDS in

(a) high school yes no
(b) KJCN English III yes no
(c) KJCN other class yes no
(d) other source (where?)

English III	4a	89 %
	4b	96 %
	4c	95 %
n=44	4d	32 %
Control Group	4a	96 %
	4b	29 %
	4c	88 %
n=49	4d	16 %

5 Do you think that HIV/AIDS patients in Japan experience discrimination?

-yes *
-no
* If "yes" please answer (a) and (b)
(a) from society in general?
(b) from medical institutions?

English III	5	96 %
	5a	95 %
n=44	5b	86 %
Control Group	5	98 %
	5a	98 %
n=49	5b	53 %

6 Do you think that the topic of HIV/AIDS discrimination

(a) is a medical subject and should be taught only by medical personnel? yes no
(b) is similar to other types of discrimination such as age, sex, race and nationality? yes no
(c) should be discussed/taught as part of a class in oral English communication such as English III? yes no

English III	6a	0 %
	6b	80 %
n=44	6c	80 %
Control Group	6a	0 %
	6b	41 %
n=49	6c	80 %

7 Do you think that Japanese are less likely than foreigners to carry HIV/AIDS?

yes no

English III n=44	yes	23 %
Control Group n=49	yes	49 %

8 Are you personally afraid of contracting HIV/AIDS in your

(a) professional life? yes no
(b) personal life? yes no

English III	8a	80 %
n=44	8b	32 %
Control Group	8a	69 %
n=49	8b	43 %

9 Did you see the video * Japanese version

(a) My Name is Eve yes no
(b) Philadelphia yes no

English III	9a	89 %
n=44	9b	89 %
Control Group	9a	2 %
n=49	9b	12 %

10 Knowing what you know now, would you want the following included in the course content of an oral English class for nursing students such as English III?

(a) HIV/AIDS discrimination
(b) other forms of

English III	10a	80 %
n=44	10b	82 %
Control Group	10a	78 %
n=49	10b	73 %

DISCUSSION

Prior to showing the videos, one attempt was made to discuss the topic of discrimination in class. The result was unsatisfactory. Evidently English III students had not considered the question before so that even when given a chance to discuss the topic in Japanese, it having become clear that they could not do so in English at the time, they were unable to do so. However after screening the videos, the students were quite prepared to discuss discrimination in concrete terms.

Part of the video follow up lesson included supplying vocabulary and terms used in English to discuss this type of topic. As My Name is Eve was partially in English, and Philadelphia was entirely in English, some of the vocabulary was derived from the English content.

It is important to note that this survey was conducted at the end of two years of academic training in professional nursing. That is to say 89% of English III students and 96% of the control group reported that they had received some form of HIV-AIDS education in high school (Question 4). And of course, all of them received additional training during their nursing program, yet only 53% of the control group felt that HIV-AIDS patients faced discrimination from Japanese medical institutions (Question 5b). This is surprising considering the fact that 98% of the control group felt that such patients in Japan do in fact experience discrimination. That the control group felt that such discrimination was found in society in general, 98% for Question 5, seems to suggest that they either have a very high opinion of the Japanese medical establishment or that they have not considered the matter deeply. The English III group, who obviously had considered the question of discrimination against HIV-AIDS patients at some length and shared the control group's general pessimism about discrimination in Japan, responded 96% for Question 5. But they seemed to feel that the situation in Japanese medical institutions was perhaps only marginally better with 86% agreeing with "Do you think that HIV/AIDS patients in Japan experience discrimination from medical institutions?" (5b).

In comparing Question 7, "Do you think that Japanese are less likely than foreigners to carry HIV/AIDS?" again we see a surprising split between the control group, 49% of whom agreed with the statement, and the English III group of whom only 23% agreed that Japanese were less likely than foreigners to carry HIV-AIDS. Does this suggest greater prejudice on the part of the

control group? Or that the English III group was better informed? Or that students who volunteer for English III, an elective class, are more receptive to meeting foreigners and trying to understand them? Or that in the case of the control group, that the unfortunate converse is true?

We see that the control group felt that Japanese medical institutions were not particularly discriminatory towards foreign HIV-AIDS patients, yet by implication they felt that foreigners were more likely to carry the disease.

There is an interesting inverse relationship seen in Questions 8: Are you personally afraid of contracting HIV/AIDS in your 8a professional life, and 8b personal life? The control group showed less fear of contracting the disease in their professional life, 69%, compared with the English III group reporting greater fear at 80% affirmative. Yet in their personal lives, Question 8b, only 32% of English III, compared with 43% of the control group, reported they felt fear. While the relative proportions were similar, both high for Question 8a and both lower for Question 8b, the interesting fact is the reversal of 8a low/8b high for the control group but 8a high/8b low for English III. Could this suggest a more realistic appraisal of HIV-AIDS vectors on the part of English III students who were, evidently, less afraid for themselves in a personal context, but more afraid of their patients than was the case with the control group? Conversely, was the control group more realistic in that they knew the dangers in their professional environment but were less sure outside the hospital? This would be an interesting area for further investigation.

Comparing Questions 4a, 4c, and 6a we find general agreement among both groups. Of the control group, 96% were taught about HIV-AIDS in high school, 88% in another class at Keio Junior College of Nursing, and 100% felt that the teaching of HIV-AIDS as a medical subject should not be restricted to medical personnel. This compares to similar results obtained from English III which reported 89%, 95% and 100% reapectively. Clearly these students were exposed to HIV-AIDS education programs in both their high school and professional nursing education and they believed that this information should be made available to all. They were unanimous on this point with both groups responding to 6a at 100%.

Turning to the broader issue of meeting 'people of color' as mentioned previously, the students were deeply impressed by what they saw in the Trauma series. Leaving aside the question of the shock they experienced watching real-life trauma, something they evidently had not been exposed to previously, they were very surprised to see how racially complex the U.S was. To put it another way, they began to see how homogeneous Japan was. There was also a realization that some adjustment would be required on their part. As one English III student reacted (sic):

> I saw trauma video. This video is very shock for me. Because there are various accidents in U.S.A. In Japan there are no guns, so no findding one of these accident and in U.S.A. a lot of people live there. For exampl White or Black and Yellow people were mixed. I have been to Vancouver in Canada I was homestay in Canadian family. I felt the people's difference. This is very difficult problem. But I enjoyed the one. The World is chengeing [changing]. A lot of people are more mixed. So I will trip another country too." (Sakamoto)

IMPLICATIONS

What are the actual HIV/AIDS statistics in

Japan at present? It is instructive to compare students' impressions with the statistical reality as presented by the Japanese Ministry of Health and Welfare (MHW). (JapaNetwork 5) Figures are given as of 22 November 1999. The MHW divides its statistics by race/nationality. In Japan, as in many other Asian countries, race and nationality are considered virtually identical. For all intents and purposes a Japanese national is of the Japanese race. Cases of immigration and acquisition of Japanese citizenship are miniscule. However, this official division of Japanese and foreigners is an important indicator of the government's attitude. It was awareness of this attitude both officially and socially which prompted this study.

	Japanese		Foreign	
	Grand Total	HBP*	Grand Total	HBP*
AIDS Patients	2114	1483	409	N/A
HIV Infected	4671	3237	1383	N/A

* HBP = Subtotal excluding those hemophiliacs infected through tainted blood products. i.e. Including those infected in the usual ways such as IV drug users, sexual contact, perinatal infection etc.

Moreover, the MHW's statistics indicate that more Japanese men, both heterosexual (558) and homosexual (344) are AIDS infected than heterosexual foreign men (102) or homosexual foreign men (41). As for HIV infection, the figures for heterosexuals are Japanese (756), foreign (149); homosexuals, Japanese (830), foreign (93). The same trend is reflected in the data for women. AIDS infections were reported at Japanese (109), foreign (59) and HIV infections Japanese (768) foreign (531). Thus it can be seen that by any objective measure, the majority of HIV/AIDS patients in Japan are in fact Japanese.

This makes the response to Question 7, "Do you think that Japanese are less likely than foreigners to carry HIV/AIDS?" by a group of second (and final) year nursing students who have been trained in the medical aspects of this disease all the more important. At the end of their programme and having undergone sensitivity training the English III group responded 23% "yes" while 49% of the Control Group responded "yes". In other words, approximately half of the control group were more afraid of foreigners than of Japanese despite evidence to the contrary.

CONCLUSION

This paper has shown that while HIV-AIDS education in Japan is quite extensive, beginning in high school where approximately 90 % of the students were taught about the condition, much needs to be done to deal with the human, as opposed to the medical-biological, aspects of the syndrome. It can be inferred from the data that the HIV-AIDS education in both high school and nursing school does not affect students' attitudes towards infected patients. Unfortunately, it can also be seen that in Japan, HIV-AIDS questions are liked to racism. This racial link is fostered by the popular media as well as by the Japanese Ministry of Health and Welfare. This study has shown that sensitivity training in the areas of HIV/AIDS discrimination and racism can be of benefit to nursing professionals. Three quarters of the English III group reported not being specifically afraid of infection from foreigners, while nearly half of the control group felt such fear. The control group reported only slightly less enthusiasm for having such sensitivity training in an oral English class. Overall both groups reacted positively to the idea that an English class was an appropriate venue for sensitivity training; that such training need not be in a medical setting.

This is an important finding. According to the students who participated in this study, Oral English classes can be utilized as forum for teaching important, and sensitive, aspects of cross-cultural communication. English classes need not be limited to the four basic skills of reading, writing, speaking and listening in either a decontextualized or instrumental teaching paradigm.

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口語英語における日本人看護婦のための内容に則した感覚訓練の効果の研究

デール・ベイ

【抄　録】

この研究は日本人看護学生（2年生と専門教育最終学年の学生）に看護内容に則した英語授業の効果について調査したものである。対象学生は口語英語を選択科目として選んだグループと選ばなかったグループである。口語英語の内容は HIV-AIDS 問題についてビデオ鑑賞と討論を含む。このような問題はとりわけ、人種問題、日本におけるエイズ患者（日本人、外国人）への差別、エイズ患者に対する個人的態度を含む。学年末に両グループに日英両語で調査をおこなった。両グループには明らかな違いがあった。選択科目をとらなかったグループは外国人は日本人よりも HIV-AIDS 陽性のものが多く、エイズ患者は年齢、性別、人種、国籍による差別とは異なるものと信じていた。この研究の結果は日本人看護学生が日本における外国人やエイズ患者への差別についての教育により恩恵を受けていることを示す。さらに、看護学生、看護婦や他の医療従事者ももしも彼等が差別、偏見、人種問題についてグループ研修を受けていればより専門家としてのケアを与えることが可能であることを示している。

キーワード　エイズ、看護教育、日本、差別、内容

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